Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Gother College
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): \(\tag{\tag{\tag{\tag{\tag{\tag{\tag{
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Address of Service Provider: 1700 South Main Street Goshen, In 46526
Name of Agent Designated to Receive Notification of Claimed Infringement: Michael R. Sherer
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): (Sociolo No Teo South Main Street (Sociolo No Teo Street
Telephone Number of Designated Agent: (219) 535-7725
Facsimile Number of Designated Agent: (29) 535-7017
Email Address of Designated Agent: MSherer & goshen . ecla
Signature of Officer or Representative of the Designating Service Provider: Date: \lambda \lamb
Typed or Printed Name and Title: Michael R. Sherer
Director of Information Technology Services

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

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